

A bill to be entitled

An act relating to policies, contracts, and programs for the provision of health care services; amending s. 627.642, F.S.; requiring an identification card containing specified information to be given to insureds who have health and accident insurance; amending s. 627.657, F.S.; requiring an identification card containing specified information to be given to insureds under group health insurance policies; amending s. 641.31, F.S.; requiring an identification card to be given to persons having health care services through a health maintenance contract; amending ss. 383.145, 641.185, 641.2018, 641.3107, 641.3922, and 641.513, F.S.; conforming cross-references to changes made by the act; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsection (3) is added to section 627.642, Florida Statutes, to read:

627.642 Outline of coverage.--

(3) In addition to the outline of coverage, the policy must be accompanied by an identification card that contains, at a minimum:

(a) The name of the organization issuing the policy or name of the organization administering the policy, whichever applies.

(b) The name of the covered person or covered family, whichever applies.

29 (c) The chapter under which the policy was issued, or
30 self-insured plan, as indicated by SIP.

31 (d) The member identification number, contract number, and
32 group number, if applicable.

33 (e) A contact phone number or electronic address for
34 authorizations.

35 (f) A phone number or electronic address whereby the
36 covered person or hospital, physician, or other person rendering
37 services covered by the policy may determine estimated
38 copayments, deductibles, and coinsurance for which the covered
39 person may be liable, as well as the percentage of the covered
40 person's or covered family's maximum annual out-of-pocket
41 payments that has been paid.

42 (g) The national plan identifier, when available.

43 Section 2. Present subsection (2) of section 627.657,
44 Florida Statutes, is renumbered as subsection (3), and a new
45 subsection (2) is added to that section, to read:

46 627.657 Provisions of group health insurance policies.--

47 (2) The policy must be accompanied by an identification
48 card that contains, at a minimum:

49 (a) The name of the organization issuing the policy or
50 name of the organization administering the policy, whichever
51 applies.

52 (b) The name of the covered person or covered family,
53 whichever applies.

54 (c) The chapter under which the policy was issued, of
55 self-insured plan, as indicated by SIP.

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56 (d) The member identification number, contract number, and
57 group number, if applicable.

58 (e) A contact phone number or electronic address for
59 authorizations.

60 (f) A phone number or electronic address whereby the
61 covered person or hospital, physician, or other person rendering
62 services covered by the policy may determine estimated
63 copayments, deductibles, and coinsurance for which the covered
64 person may be liable, as well as the percentage of the covered
65 person's or covered family's maximum annual out-of-pocket
66 payments that has been paid.

67 (g) The national plan identifier, when available.

68 Section 3. Present subsections (5) through (40) of section
69 641.31, Florida Statutes, are renumbered as subsections (6)
70 through (41), respectively, and a new subsection (5) is added to
71 that section, to read:

72 641.31 Health maintenance contracts.--

73 (5) The contract, certificate, or member handbook must be
74 accompanied by an identification card that contains, at a
75 minimum:

76 (a) The name of the organization offering the contract or
77 name of the organization administering the contract, whichever
78 applies.

79 (b) The name of the covered person or covered family,
80 whichever applies.

81 (c) The chapter under which the contract was issued, or
82 self-insured plan, as indicated by SIP.

83 (d) The member identification number, contract number, and
 84 group number, if applicable.

85 (e) A contact phone number or electronic address for
 86 authorizations.

87 (f) A phone number or electronic address whereby the
 88 covered person or hospital, physician, or other person rendering
 89 services covered by the contract may determine estimated
 90 copayments, deductibles, and coinsurance for which the covered
 91 person may be liable, as well as the percentage of the covered
 92 person's or covered family's maximum annual out-of-pocket
 93 payments that have been paid.

94 (g) The national plan identifier, when available.

95 Section 4. Paragraph (j) of subsection (3) of section
 96 383.145, Florida Statutes, is amended to read:

97 383.145 Newborn and infant hearing screening.--

98 (3) REQUIREMENTS FOR SCREENING OF NEWBORNS; INSURANCE
 99 COVERAGE; REFERRAL FOR ONGOING SERVICES.--

100 (j) The initial procedure for screening the hearing of the
 101 newborn or infant and any medically necessary followup
 102 reevaluations leading to diagnosis shall be a covered benefit,
 103 reimbursable under Medicaid as an expense compensated
 104 supplemental to the per diem rate for Medicaid patients enrolled
 105 in MediPass or Medicaid patients covered by a fee for service
 106 program. For Medicaid patients enrolled in HMOs, providers shall
 107 be reimbursed directly by the Medicaid Program Office at the
 108 Medicaid rate. This service may not be considered a covered
 109 service for the purposes of establishing the payment rate for
 110 Medicaid HMOs. All health insurance policies and health

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111 maintenance organizations as provided under ss. 627.6416,
112 627.6579, and 641.31(31)~~(30)~~, except for supplemental policies
113 that only provide coverage for specific diseases, hospital
114 indemnity, or Medicare supplement, or to the supplemental
115 polices, shall compensate providers for the covered benefit at
116 the contracted rate. Nonhospital-based providers shall be
117 eligible to bill Medicaid for the professional and technical
118 component of each procedure code.

119 Section 5. Paragraphs (b) and (i) of subsection (1) of
120 section 641.185, Florida Statutes, are amended to read:

121 641.185 Health maintenance organization subscriber
122 protections.--

123 (1) With respect to the provisions of this part and part
124 III, the principles expressed in the following statements shall
125 serve as standards to be followed by the commission, the office,
126 the department, and the Agency for Health Care Administration in
127 exercising their powers and duties, in exercising administrative
128 discretion, in administrative interpretations of the law, in
129 enforcing its provisions, and in adopting rules:

130 (b) A health maintenance organization subscriber should
131 receive quality health care from a broad panel of providers,
132 including referrals, preventive care pursuant to s. 641.402(1),
133 emergency screening and services pursuant to ss. 641.31(13)~~(12)~~
134 and 641.513, and second opinions pursuant to s. 641.51.

135 (i) A health maintenance organization subscriber should
136 receive timely and, if necessary, urgent grievances and appeals
137 within the health maintenance organization pursuant to ss.
138 641.228, 641.31(6)~~(5)~~, 641.47, and 641.511.

139 Section 6. Subsection (1) of section 641.2018, Florida
 140 Statutes, is amended to read:

141 641.2018 Limited coverage for home health care
 142 authorized.--

143 (1) Notwithstanding other provisions of this chapter, a
 144 health maintenance organization may issue a contract that limits
 145 coverage to home health care services only. The organization and
 146 the contract shall be subject to all of the requirements of this
 147 part that do not require or otherwise apply to specific benefits
 148 other than home care services. To this extent, all of the
 149 requirements of this part apply to any organization or contract
 150 that limits coverage to home care services, except the
 151 requirements for providing comprehensive health care services as
 152 provided in ss. 641.19(4), (11), and (12), and 641.31(1), except
 153 ss. 641.31(10)~~(9)~~, (13)~~(12)~~, ~~(17)~~, (18), (19), (20), (21), (22),
 154 and (25)~~(24)~~ and 641.31095.

155 Section 7. Section 641.3107, Florida Statutes, is amended
 156 to read:

157 641.3107 Delivery of contract.--Unless delivered upon
 158 execution or issuance, a health maintenance contract,
 159 certificate of coverage, or member handbook shall be mailed or
 160 delivered to the subscriber or, in the case of a group health
 161 maintenance contract, to the employer or other person who will
 162 hold the contract on behalf of the subscriber group within 10
 163 working days from approval of the enrollment form by the health
 164 maintenance organization or by the effective date of coverage,
 165 whichever occurs first. However, if the employer or other person
 166 who will hold the contract on behalf of the subscriber group

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167 requires retroactive enrollment of a subscriber, the
 168 organization shall deliver the contract, certificate, or member
 169 handbook to the subscriber within 10 days after receiving notice
 170 from the employer of the retroactive enrollment. This section
 171 does not apply to the delivery of those contracts specified in
 172 s. 641.31(14)~~(13)~~.

173 Section 8. Paragraph (a) of subsection (7) of section
 174 641.3922, Florida Statutes, is amended to read:

175 641.3922 Conversion contracts; conditions.--Issuance of a
 176 converted contract shall be subject to the following conditions:

177 (7) REASONS FOR CANCELLATION; TERMINATION.--The converted
 178 health maintenance contract must contain a cancellation or
 179 nonrenewability clause providing that the health maintenance
 180 organization may refuse to renew the contract of any person
 181 covered thereunder, but cancellation or nonrenewal must be
 182 limited to one or more of the following reasons:

183 (a) Fraud or intentional misrepresentation, subject to the
 184 limitations of s. 641.31(24)~~(23)~~, in applying for any benefits
 185 under the converted health maintenance contract.†

186 Section 9. Subsection (4) of section 641.513, Florida
 187 Statutes, is amended to read:

188 641.513 Requirements for providing emergency services and
 189 care.--

190 (4) A subscriber may be charged a reasonable copayment, as
 191 provided in s. 641.31(13)~~(12)~~, for the use of an emergency room.

192 Section 10. This act shall take effect July 1, 2006.